Application or Docket Number

Effective October 1, 2003 S-S271/21386-3													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TO	OTAL CLAIMS		45		-			RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	US minus 20=		· 25			X\$ 9=		OR	X\$18=	450	
INDEPENDENT CLAIMS			/ minus 3 =		* 3		-	X43=		1	X86=	,	
ML	ILTIPLE DEPEN	NDENT CLAIM P	REŠENT					· • · · · · ·	 	OR	-	258	
								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	<u></u>	OR	TOTAL	1478	
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
_	(Column 1) CLAIMS		(Colui			(Column 3)		SWALL	ADDI-	OR 1	SIVIALL	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***	-	=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							 +145=		OR	+290=		
								TOTAL		1	TOTAL		
(Oathara 4)								DDIT. FEE	L	OR	ADDIT. FEE		
		(Column 1) CLAIMS	ı	(Colum		(Column 3)			ADDI			A D D I	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	01.411.4	=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	•	
								TOTAL		L	TOTAL		
								DIT. FEE		OR	ADDIT. FEE		
. 1	`	(Column 1) CLAIMS		(Colum		(Column 3)	_						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	** '		= .	;	X\$ 9=		OR	X\$18=	-	
4ME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM		· -	+145=		OR	+290=		

TOTAL

TOTAL

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.